

**California State Board of Pharmacy**

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900 Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

CHANGE OF DESIGNATED REPRESENTATIVE*-IN-CHARGE

Both the designated representative-in-charge and the owner of a wholesaler, nonresident wholesaler or veterinary food-animal drug retailer are required by California law to notify the Board of Pharmacy within 30 days after the termination of the designated representative-in-charge. Failure to make this notification to the board may result in a citation and fine or other disciplinary action.

To properly notify the board of a change in designated representative-in-charge, the following items must be submitted:

- Completed Change of Designated Representative-in-Charge form
- \$60 fee (excluding government-owned facilities)
- Personal Background Affidavit for the NEW designated representative-in-charge only

(Please print or type)

ALL SECTIONS MUST BE COMPLETED

Name of wholesaler or veterinary food-animal drug retailer:		Telephone	Permit number	
Address :		Street	City	State Zip
List below the name, license number and address of NEW designated representative-in-charge:				
Name			EXC license number	
Home address		Street	City	State Zip
Effective date				
List below the name, license number and address of the designated representative-in-charge being REPLACED :				
Name			EXC license number	
Home address		Street	City	State Zip
Date of disassociation				

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing.

Signature of owner, partner or corporate officer

Typed or printed name and title

Date

Signature of new designated representative-in-charge

Date

Signature of designated representative-in-charge
being replaced (if available)

Date

Cashier # _____

Date _____

Amount _____

*Note: Under California Law, the name used to describe any individual who is in charge of any wholesale drug premises (In California or elsewhere) will change on January 1, 2006, from the former name, *exemptee*, to *designated representative*. For conventional use, the board will refer to such an individual as an designated representative throughout this application.



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PERSONAL BACKGROUND AFFIDAVIT

All blanks must be completed; **if not applicable enter "N/A"**. Failure to furnish a complete explanation, or any omissions, will delay the processing of your application.

If you reside out of state, submit one set of two completed fingerprint cards and the fingerprint processing fee of \$66.00. If you reside in California, you must submit a copy of the *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid.

Please print or type

Full name:	Last	First	Middle	Telephone Number:	
				()	
Address:	Number and Street		City	State	Zip
Date of birth: (Month, Day, Year)			*Social Security number:		
Previous name(s) – include maiden name, also known as (AKA's), "aliases":					

Name of applicant (business name):	Applicant telephone number:			
Address of applicant:	Number and Street	City	State	Zip

My position with the applicant is:	(Check all that apply)			
<input type="checkbox"/> Sole owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Stockholder	<input type="checkbox"/> Member
<input type="checkbox"/> Other, please specify _____				

1. Are you currently, or have you in the previous five years, been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state? Yes ☐ No ☐

If the answer is "yes," please provide the following information for each action taken. Please include cancelled permits. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

2. Have you ever had a professional or vocational license denied, suspended, revoked, voluntarily surrendered, placed on probation or other disciplinary action taken by this or any other governmental authority in this state, any other state or by a federal regulatory agency? Yes ☐ No ☐

If the answer is "yes," please provide company name, permit type, action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:

3. Have you ever been in violation of any provisions of California pharmacy law, including regulations? Yes ☐ No ☐

If "yes," please list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? You must include all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) Yes ☐ No ☐

If "yes," please attach the relevant arrest and court documents.

5. Do you currently engage in, or have you been engaged in the past two years in, the illegal use of controlled substances? Yes ☐ No ☐

If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I hereby certify under penalty of perjury under the laws of the State of California that all statements, answers and representations made in the foregoing individual personal affidavit, including all supplementary statements are true and accurate and that I personally completed this personal affidavit.

Signature	Print Name	
Title	Date	

*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.